

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155611	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2012
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NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 621 S SUGAR ST BROWNSTOWN, IN 47220
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/11/12</p> <p>Facility Number: 000277 Provider Number: 155611 AIM Number: 100290530</p> <p>Surveyor: Steve Corya, Life Safety Code Specialist/ICF-IDD Supervisor</p> <p>At this Quality Assurance Walk-thru survey, Hoosier Christian Village was found in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors, and battery operated smoke detectors in all but one resident room. The</p>	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>facility has a capacity of 108 and had a census of 108 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage, but not in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/20/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to install smoke detectors in each resident's room before July 1, 2012. This deficient practice could affect 54 residents in the facility.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility from 12:30 p.m. to 1:15 p.m. on 7/11/12 with the maintenance man, the facility failed to install smoke detectors in</p>			K9999	<p>On 7/18/2012 the maintenance supervisor installed smoke detector in room 322. The maintenance supervisor will do random checks of smoke detectors throughout the building monthly to ensure the smoke detectors are functioning properly. The maintenance supervisor will replace all batteries of smoke detectors every six months.</p>		07/18/2012

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	<p>each resident's room before July 1, 2012.</p> <p>Room 322 was observed to not have a smoke detector installed in the room. An interview with the facility maintenance man was conducted at 1:00 p.m., and the maintenance man said, "I know there is no smoke detector in that room (Room 322). The resident usually sits right under where it needs to be installed and I haven't had a chance to install it yet."</p> <p>3.1-19(ff)</p>			